



Department of Medical Assistance Services
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www.dmas.virginia.gov

MEDICAID MEMO

TO: All Providers of BabyCare Services Participating in the Virginia Medical Assistance Programs, Including Health Department Clinics, Federally Qualified Health Centers, Rural Health Clinics, Department of Social Services, Case Management Providers, Private Home Health Agencies and Community Service Boards, and High Risk Maternity and Infant Program Managers of the Medicaid Managed Care Organizations (MCOs)

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services

MEMO: Special

DATE: 07/9/2014

SUBJECT: Nutritional Counseling for Children Under the Age of 21 and Pregnant Women — Service Unit Changes for CPT Codes 97802 and 97803 — *Effective 4/1/2014* — **REVISED**

This memorandum (which supersedes the memo entitled “Nutritional Counseling for Pregnant Women and Children — Service Unit Changes for CPT Codes 97802 and 97803 — *Effective 4/1/2014*” dated June 25, 2014) is a REVISION to the previous memo, which has been removed from the Web Portal.

The purpose of this memorandum is to notify Department of Medical Assistance Services (DMAS) enrolled providers of the change to billing procedures for nutritional assessment (97802) and nutritional follow-up visit (97803) for fee-for-service enrolled pregnant/postpartum women and children, up to age 21. This change took effect with fee-for-service claims provided on or after April 1, 2014. Prior to April 1, 2014, DMAS provided coverage for nutritional codes 97802 and 97803 for females only, regardless of age for diagnoses such as morbid obesity and diabetes. As of April 1, 2014, DMAS will only cover these codes for pregnant/postpartum women and children under the age of 21.

The changes identified in this memorandum will be reflected in an upcoming BabyCare Provider Manual update. If the member is enrolled in a Medicaid Managed Care Organization (MCO), the provider must contact the member's MCO directly to inquire about specific service coverage requirements.

For dates of service **on or before March 31, 2014**, providers should bill units based on 1 session/visit at the maximum rate of \$29.97 for nutritional assessment code 97802, and \$25.93 for nutritional follow-up code 97803, consistent with previous policy.

For dates of service **on or after April 1, 2014**, providers should submit the appropriate number of units consistent with 15-minute increments. There is a limit of four units per member per provider within an 11-month time period for nutritional assessment code 97802 and a limit of two units per member per provider within an 11-month period for nutritional follow-up code 97803. As of July 1, 2014, the maximum rate for nutritional assessment code 97802 has increased to \$30.92 and \$26.59 for nutritional follow-up code 97803; however, reimbursement will be based on 15 minute time not per session.

For example: If an individual receives one hour (or four units) of services, then the provider will bill for four units ($\$30.92 \times 4 \text{ units} = \123.68) versus one unit/session as previously instructed. If a provider bills for one unit, the provider will receive reimbursement for only 15 minutes versus the entire hour of services provided. The member's medical record must contain documentation to support the number of units billed. Providers must bill their usual and customary charges. DMAS or its agent will monitor and audit these claims to assure compliance. These audits may result in recovery of overpayment(s) if the records do not support the units billed.

Effective April 1, 2014, providers will need to submit an attachment along with the claim when billing for nutritional codes 97802 and 97803. The attachment should state that the member is pregnant and receiving nutritional counseling under BabyCare. The attachment should be on the provider's letterhead.

DESCRIPTION OF BABYCARE SERVICES

High risk pregnant women and infants, up to age two, who are Medicaid Fee-For-Service (FFS), FAMIS FFS, or FAMIS MOMS FSS eligible, may be enrolled in the BabyCare program to receive a variety of services to promote positive birth outcomes and healthy infants. BabyCare services consist of case management for high risk pregnant women and infants up to two years of age by a registered nurse or social worker; expanded prenatal services for pregnant women, including member education classes (including tobacco cessation); nutritional services; substance abuse treatment services by a DMAS approved provider (See Chapter II of the Community Mental Health Rehabilitation Services Provider Manual); and behavioral health screenings by a physician, physician assistant or nurse practitioner.. Case management providers may include Health Department Clinics, Federally Qualified Health Centers, Rural Health Clinics, local Departments of Social Services, Case Management Providers, Private Home Health Agencies, and Community Service Boards. **Medicaid Managed Care Organizations (MCOs) have their own high risk maternity and infant programs that offer services comparable to BabyCare.**

Please note that most newly enrolled individuals in Medicaid will have a brief period of fee-for-service coverage prior to transitioning to an MCO. DMAS encourages providers to initiate services early in the pregnancy, which may be prior to the member transitioning to managed care. Intervening early in the pregnancy will benefit both the mother and infant. If the member is already enrolled with a particular MCO, please contact the MCO for information about their specific high risk maternity and infant program.

If you have questions about BabyCare services, or how to enroll as a provider, please contact the Maternal and Child Health Division at 804-786-6134 or email BabyCare@dmass.virginia.gov. You may also visit the Maternal and Child Health Services section on the website at www.dmass.virginia.gov for more information on BabyCare.

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. The goal of EPSDT is to identify and treat health problems as early as possible. EPSDT provides examination and treatment services at no cost to the enrollee. Nutritional assessment and nutritional follow-up visits are covered for children under 21 when medically necessary. These services must be provided by a physician, physician assistant, or nurse practitioner.

Effective April 1, 2014, providers will need to submit an attachment along with the claim when billing for nutritional codes 97802 and 97803 for fee-for-service members. The attachment should state that the member is receiving nutritional counseling under the EPSDT program. The attachment should be on the provider's letterhead.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at <http://www.dmass.virginia.gov/Content/pgs/altc-home.aspx> to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at <http://www.dmass.virginia.gov/Content/pgs/mc-home.aspx>.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmass.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmass.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.